

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L77556 1. Entity Name PATCO SERVICES, INC.	
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Principal Place of Business 1499 W PALMETTO PK ROAD #159 BOCA RATON FL 33486 US	Mailing Address 21645 TOWN PLACE DRIVE BOCA RATON FL 33433 US
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2. Principal Place of Business	3. Mailing Address	4. FEI Number 65-0201619
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applied
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip

1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent COHEN, IRA 21645 TOWN PLACE DRIVE BOCA RATON FL 33433	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D COHEN, IRA	TITLE	
NAME	COHEN, IRA	NAME	
STREET ADDRESS	21645 TOWN PLACE DRIVE	STREET ADDRESS	
CITY- ST- ZIP	BOCA RATON FL 33433	CITY- ST- ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	ST COHEN, PATRICIA L	TITLE	
NAME	COHEN, PATRICIA L	NAME	
STREET ADDRESS	21645 TOWN PLACE DR.	STREET ADDRESS	
CITY- ST- ZIP	BOCA RATON FL 33433	CITY- ST- ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VP DACOSTA, FRANCISCO	TITLE	
NAME	DACOSTA, FRANCISCO	NAME	
STREET ADDRESS	1130 DELRAY LAKES DR.	STREET ADDRESS	
CITY- ST- ZIP	DELRAY BEACH FL 33444	CITY- ST- ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE IRA COHEN DATE 4/13/05 DAYTIME PHONE # 301-362-0029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR